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DATE: November 8, 1999

RECIPIENT INFORMATION	SENDER INFORMATION
To: Examiner Jeffrey Fredman	From: Robin L. Teskin
Voice Tel. No.: 703 308-6568	Voice Tel. No.: 703 836 6620
Fax Tel. No.: 703 305-3014 or 308-4242	Sent By: Charlotte
Your Ref.: Serial No. 09/069,847	Our Ref.: 010091-035
	Total Pages 14 (Incl. This Cover Page):

RE: U.S. SERIAL NO. 09/069,847, FILED APRIL 30, 1998

MESSAGE: PLEASE DELIVER TO PRIMARY PATENT EXAMINER JEFFREY FREDMAN. THANK YOU.

N TE: The information contained in this facsimile message is attorney-client privileged and contains confidential information intended only for the use of the person(s) named above and others expressly authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is prohibited and you are asked to notify us immediately by telephone and to return this message to us by mail without copying it.

Any questions regarding compatibility should be directed to our Office Services Department at +1.703.836.6620.

Patent
Attorney's Docket No. 010091-035

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Myun Ki HAN et al) **BOX: FEE AMENDMENT**
Application No.: 09/069,847) Group Art Unit: 1634
Filed: April 30, 1998) Examiner: Fredman
For: FLUOROMETRIC ASSAY FOR)
DETECTING NUCLEIC ACID)
CLEAVAGE)

REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- Also enclosed is _____.
- _____ statement(s) claiming small entity status
[] are also enclosed [] were submitted previously.
- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.
- No additional claim fee is required.
- An additional claim fee is required, and is calculated as shown below:

Reply Transmittal Letter
 Application No. 09/069,847
 Attorney's Docket No. 010091-035
 Page 2

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	38	MINUS 49 =	0	x \$18.00 =	
Independent Claims	4	MINUS 3 =	1	x \$78.00 =	\$78.00
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					
\$39.00					

A claim fee in the amount of \$ _____ is enclosed.

Charge \$ 39.00 to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Robin L. Teskin
 Robin L. Teskin
 Registration No. 35,030

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Date: November 8, 1999